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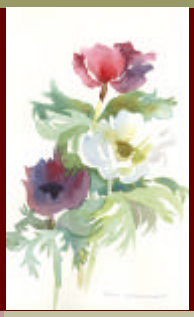


UTAH DEPARTMENT OF HEALTH – BUREAU OF LICENSING

LICENSING NEWS AND VIEWS

# Assisted Living Rule Training

After a year of Assisted Living Rule subcommittee hard work, the revised R432-270, Assisted Living rule has been filed and may become effective within a few weeks. Due to the extent of the changes to the rule, the Bureau is offering rule training seminars to be conducted throughout the state beginning as soon as the rule becomes effective. The training will be conducted by a licensing specialist team consisting of representatives from each of the three regional offices. Each training session will be introduced by the manager for that region. The training sessions will focus on the changes to the existing rule with Bureau interpretive guidelines to assist in attaining compliance with the amended rule. There will be ample opportunity for discussion and questions from the attendees. For information as to locations and times of the proposed training sessions, please contact the Bureau at (801) 538-6152, or the Utah Assisted Living Association (UALA) at (801) 977-1141 or (801) 977-1181.

Inside this issue:



## NIA Database on Alzheimer's Disease

Free, comprehensive information on Alzheimer's disease and therapies available online at www.chid.nih.gov.
The site has 18 subfiles, each on a different health topic.

### Rule Updates

Rules that have been amended since January 1, 2000 and their associated effective dates:

R432-1 - General Health Care Facility Rules - 11-6-00
R432-3 - General Health Care Facility Rules Inspection and Enforcement - 6-23-00
R432-100 - General Hospital Standards - 8-31-00
R432-106 - New Rule - Specialty Hospital Critical Access - 1/23/01
R432-300 - Small Health Care Facility - Type N - 8/8/00
R432-700 - Home Health Agency Rule - 11/6/00
R432-750 - Hospice Rule - 11/6/00

***(Editor=s note:*** **This article combines the August 25, 2000, and November 17, 2000, Health Facility Committee minutes.)**

## HFC Meeting - August 25, 2000

**Sanction Actions:**
Hillside Rehabilitation Center NCF - conditional license issued effective 08/16/00 through 11/16/00 based on actual harm and chronic noncompliance identified during a federal certification survey.

**Subcommittee Reports:**
1. Assisted Living - the final proposed changes to the rule were presented to the Committee. Following a discussion on bed-rails and the disposal of narcotics, a motion was made to move the rule forward in the rule making process. The motion **PASSED** unanimously.
2. Ambulatory Surgical Center Rule - a draft rule has been submitted by the Utah Society of Anesthesiologists that is similar to the proposal from the nurse anesthetists. The subcommittee will meet again in September to try to gain consensus.

**Medicaid Demonstration Project Update:**
The Project is operated as FLEX CARE by Valley Mental Health. Fourteen residents are currently enrolled and thirteen additional residents are currently being assessed for participation in the Project. The Project will be limited to 500 residents with all funding managed through United Health Care. Referrals to the Project may be made by calling 801 263-7116.

**Rule Updates:**
1. Mandatory Reporting on Adverse Events - the Utah Medical Association and the Utah Hospital Association have formed a 30 member task force to discuss medical error reporting and patient safety. A proposal was made for a mandatory Patient Safety Reporting System. Scott Williams, Deputy Director, UDOH, indicated the reporting could be done under the existing statutory authority through the Health Department. Medicare may add mandatory reporting as a federal Condition of Participation as soon as next year.
2. Advance Directive Subcommittee - the subcommittee members are in agreement that the current forms are unreadable and there needs to be modification to the statute. Concern was expressed that there needs to be a portability document. The next meeting is scheduled for 08/31/00.
3. Critical Access Hospital Concept Summary - Medicare has adopted a new Critical Access Hospital category for rural hospitals with 25 beds or less. Of the 25 beds, only 10 can be swing beds. The new category will require new administrative rules. Adopting the category may save some rural hospitals and improve quality as the rural hospital will be required to maintain a transfer agreement with a resource hospital, maintain quality assurance and improvement agreements, and maintain credentialing agreements. The current Medicaid moratorium would not apply to Critical Access Hospitals who may apply for a nursing facility license.
4. Design Conference - the Bureau of Licensing will present information on trends and new designs for long term care facilities at the upcoming UHCA conference.

**Other Business:**
1. A flyer on ADying in America@, a Bill Moyer special report airing on September 10 through 13 on channel 7 was distributed to Committee members.
2. Request for Rule Change - The Utah Hospital Association requested a rule change on self-reporting of abuse , neglect or exploitation. Facilities who self-report may be issued a conditional license; therefore, there is no incentive to self-report. The UHA feels a facility who self-reports and investigates appropriately should have immunity. Debra Wynkoop stated that the Bureau does not issue conditional licenses for self-reporting, but for continuous or chronic noncompliance, or for violation of a Medicare Condition of Participation. The Bureau will review its process on self-reporting of abuse and report

back to the Committee at the next meeting.
3. Conflict of Interest - statements are required only for continuing members of the Committee.
4. Nominations - Kathy Siskin was nominated as the new Chairperson of the Health Facility Committee. A motion was made to approve the nomination. The motion **PASSED** unanimously.
5. The next meeting will be held on November 17, 2000.

## HFC Meeting - November 17, 2000

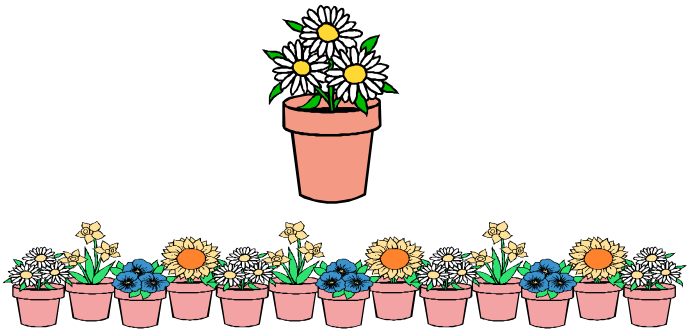
**Sanction Actions:**
Infinia at Granite Hills Nursing Care Facility– a conditional license was issued effective 10/25/00 through 01/25/01 based on substandard quality of care and six repeat deficiencies identified during a federal certification survey.

**Rule Subcommittee/Task Force Updates:**
1. Ambulatory Surgical Center rule - the subcommittee voted five to one to recommend the changes to the rule in order to be consistent with Medicare requirements. A motion was made to move the rule forward. The motion **PASSED** unanimously.
2. End of Life Subcommittee - a new ARecord of End of Life Preferences@ form was introduced to the Committee for review. The form has been forwarded to EMS for review and comments.
3. Patient Safety Task Force/Mandatory Reporting - the task force consists of members from the UMA, UHA, UDOH, UNA, UPA, the VA Medical Center, and Health Insight. A two-part plan has been proposed: part one to study root-cause analysis on sentinel events, and part two to study adverse drug events. UDOH has submitted a building block to the governor for staffing to implement and review the two-part plan and report back to facilities.
4. Critical Access Hospital Rule - the Critical Care Access Specialty Hospital proposed rule has been filed and is moving forward through the rule-making process.
5. Medicaid Moratorium Exemption rule - rural hospitals that convert to the Critical Care Access category will be exempt form the Medicaid moratorium on skilled nursing beds. A motion was made to adopt the Critical Care Access Hospital rule. The motion **PASSED** unanimously.

**Chronic Non-compliance in Deemed Status Facilities:**
A motion was made to form a task force to review the chronic non-compliance and deemed status processes. The motion **PASSED** unanimously.

**Hospice Equivalency - R710-3 Assisted Living Type I:**
The current hospice rule variance process was explained to the Committee. The Utah State Fire Marshals= Code Committee has made a recommendation to the Fire Prevention Board to modify R710-3 to allow the hospice variance process through equivalency. The UDOH will have responsibility to approve the hospice equivalency variance. A motion was made to accept the Code Committee's recommendation. The motion **PASSED** unanimously.

**Other Business:**
Nominations for vacant positions on the Committee have been forwarded to the Governor's Office for review. The next HFC meeting is scheduled for February 23, 2001.



## Adult Day Care in Licensed Health Facilities

It has come to our attention that some Adult Day Care (ADC) programs are operating in health care facilities that are licensed by the Utah Department of Health, Bureau of Licensing. It has been determined that these programs may need to be licensed as a human services program by the Department of Human Services, Office of Licensing. "Adult Day Care" is defined in UCA 62A-2-101 as: "Continuous care and supervision of three or more adults for at lest four but less that 24 hours a day, that meets the needs of functionally impaired adults through a comprehensive program that provides a variety of health, social, recreational, and related support services in a protective setting."

Both departments concur that every effort will be made to avoid duplication of license reviews. In most cases, compliance with Health Department regulations will satisfy the majority of Human Services requirements, as well. The Office of Licensing will also not enforce specific rules for licensees under contract to a Division in the Department of Human Services. Division offices will be responsible to monitor contracts and rules specific to those contracts.

If you are currently operating an Adult Day Care program, please contact Ron Wilkey at 801-538-4376, or Alan Hayward at 801-538-4236 to arrange for an appropriate licensing review.

## New Bureau Staff!

The Bureau is pleased to announce that three new staff have accepted positions with the Bureau as Licensing Specialists. Lori West is a registered nurse who will work in the Central Region office in Salt Lake City. Teddy Madsen and Karen Moffitt will both work in the Southern Region out of the Provo office. Teddy is a registered dietician and Karen is a registered nurse. Welcome!!!

***(Editor's note: The following is a reprint of an article published in the April 1995 edition of* Licensing News and Views*)***

## Smoke Detector Sensitivity Testing

Automatic smoke detection systems have become an integral part of fire alarm systems in health care facilities. Early occupant notification has proven to be one of the most vital components of fire safety. To insure that smoke detectors are functioning properly, both the Uniform Fire Code and the NFPA Life Safety Code require documented testing of each detector in the system. The following guidelines appear in both codes with respect to sensitivity testing:

"Detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended not to exceed five years." (NFPA 72 7-3.2.1; Uniform Fire Code Standard 10-3 8-3.4.2)

This required sensitivity test is in addition to the annual activation testing of each detector. Chapter Seven of NFPA 72, and Chapter Eight of the UFC Standards both offer additional information on inspection, testing and maintenance of automatic detection systems. For more information, please contact Craig Christopherson at 801-538-6327 or David Shorten at 801-371-1065.

## Self Reporting of Abuse

Effective January 1, 2001, the Bureau has modified its protocols on responding to self-reported complaints of abuse, neglect or exploitation. Prior to January 1, self-reported cases of abuse were treated by the Bureau as a complaint. The Bureau complaint protocol requires a determination of either substantiated, unable to substantiate, or without merit. A substantiated complaint becomes part of the provider history and is public record information. In addition, a substantiated complaint requires the Bureau to issue a Statement of Findings. Therefore, facilities who self-report and conduct their own comprehensive internal investigation may still receive a Statement of Finding even when they investigate and take appropriate corrective action.

The new self-reporting protocol will <u>not</u> automatically consider a self-report of abuse to be a complaint. Rather, the Bureau will conduct an on-site focus survey to verify that the facility investigated and followed through with appropriate corrective action. If the actions implemented are sufficient, a Statement of Findings will not be issued. If the facility has not thoroughly investigated the incident and taken necessary action, the Bureau may issue a Statement of Findings in those areas that are found to be deficient in adherence to the rules. In either case, the facility history and Bureau database will not show a complaint against the facility. This protocol change will also apply to self-reported referrals from other agencies (APS, CPS, etc) where the report is forwarded onto the Bureau from the referring agency.

All of us have the responsibility and legal obligation to report suspected abuse, neglect or exploitation. The Bureau hopes this protocol change will promote a positive partnership between the providers and governmental agencies in the best interest of the citizens of Utah. If you have questions about this change, please David Eagar at 801 374-7803.

## A Utah Chapter of S.A.G.E.?

Several people that attended the fall Long Term Design Conference (see ADesign@ article) have expressed an interest in forming a Utah chapter of the Society for Advancement of Gerontological Environments (SAGE). SAGE was established in 1994 as an advocacy group for enhancing the quality of life of seniors through reforming design and regulations. SAGE is an excellent tool for collaboration between providers and regulators in other states.

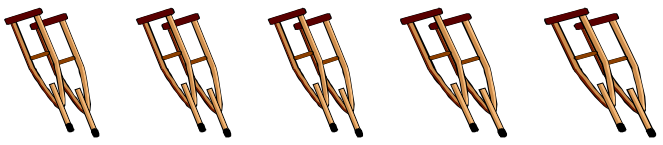
A steering committee for a potential Utah chapter of SAGE will be meeting sometime in January. Contact Larry Naylor at 538-6778 if you are interested in participating. Anyone interested in joining SAGE should contact Andrew Alden at the Institute on Aging & Environment, University of Wisconsin, PO Box 413, Milwaukee, WI 53201, Phone: (414) 229-2991,
e-mail: **<u>aldena@uwm.edu</u>**.

The following pro-active measures are recommended by the JCAHO to prevent falls and

## JCAHO – Reducing Risk for Falls

identify fall risk:

- Improve staff orientation/training
- Revise/implement fall risk assessment process
- Implement a formal fall prevention protocol
- Install bed alarms or redesign bed alarm checks
- Install self-latching locks on utility rooms
- Restrict window openings
- Install alarms on exits
- Add fall prevention to education of individuals and families
- Improve and standardize nurse call systems
- Use Alow beds@ for those at risk for falls
- Revise staffing procedures
- Revise the competency evaluation process



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